

# 2018 SFEA

## ADULT TENNIS DOUBLES LEAGUE



Pick up those racquets and head out to the courts! It's tennis league time! Regular league play runs from May 21 – August 16 with playoffs to follow.

**This flier is for Men's, Women's, and Mixed doubles. If you are enrolling in any of the singles events, there is a separate flier ([SFEA Tennis Singles](#)).** Game times and facility use will be determined by players. The tennis league rules are based on the [USTA rules](#). A copy of the rules is located on the SFEA intranet site.

Any SFEA member may enroll any or all dependent family members out of high school and listed on their membership; all players must be available to play through mid-September. This league is open to SFEA members only. **Enrollment fee is \$8 per team. Please submit one form per team; each player must complete the attached waiver and turn in with the enrollment form.** Awards will be given to the playoff winners and runners-up.

Need a partner? Contact Tom O'Shea (BMTP) and we will try to match you up. **Please do not submit the form until you have a partner.**

If you have any questions, please contact League President Marla Call at 763-9861 or SFEA Board Member Marie Vose at [marie.vose.c7ba@statefarm.com](mailto:marie.vose.c7ba@statefarm.com).

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### Enrollment Guidelines

- \*All enrollment forms, waivers, and money must be received in the Activities Office, K-1, by 1pm on **May 9**.
- \*Activities is not responsible for cash sent through the mail or late delivery of mail. Make checks payable to SFEA.

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**Tennis League ~ May 21 - August 16 #653**  
**Close Date: Wednesday, May 9<sup>th</sup>**

**Participant 1** Employee Name \_\_\_\_\_ Ext. \_\_\_\_\_ SFEA # \_\_\_\_\_ - \_\_\_\_\_  
Building \_\_\_\_\_ Floor \_\_\_\_\_ Department \_\_\_\_\_ Alias \_\_\_\_\_  
Retiree's Address \_\_\_\_\_  
Street City Zip Phone #

Participant's Name \_\_\_\_\_ Preferred Contact Phone \_\_\_\_\_  
Email for player (used for scheduling matches/getting updates) \_\_\_\_\_

**Participant 2** Employee Name \_\_\_\_\_ Ext. \_\_\_\_\_ SFEA # \_\_\_\_\_ - \_\_\_\_\_  
Building \_\_\_\_\_ Floor \_\_\_\_\_ Department \_\_\_\_\_ Alias \_\_\_\_\_  
Retiree's Address \_\_\_\_\_  
Street City Zip Phone # Email

Participant's Name \_\_\_\_\_ Preferred Contact Phone \_\_\_\_\_  
Email for player (used for scheduling matches/getting updates) \_\_\_\_\_

Skill level (**circle**): Beginner/Intermediate/Advanced Preferred Flight # (if known) \_\_\_\_\_  
Experience or [NTRP rating](#) (if new to the league) \_\_\_\_\_

Which division do you want to play in (circle): Women's Doubles / Men's Doubles / Mixed Doubles

**Retirees please mail to:**  
3 State Farm Plaza  
Activities K-1  
Bloomington, IL 61791

**Enrollment fee is \$8 per team**  
Check # \_\_\_\_\_  
(The Activities Office cannot make  
change when paying with cash)

**SFEA Sports  
Agreement and Release of Liability**

I, (*Print First and Last Name*) \_\_\_\_\_, desire to participate in various activities (the "Activities") organized by State Farm Employee Activities Association (SFEA). In exchange for being permitted to participate in the Activities, I hereby agree to release on behalf of myself and my heirs, personal representatives and assigns any and all claims, demands and liabilities that I or my heirs, personal representatives or assigns now have or may have in the future against State Farm Mutual Automobile Insurance Company and any of its affiliates and/or their respective directors, officers, agents or employees (the "Released Parties") for property damage, personal injury, illness and/or death arising or resulting from the Activities or my participation in them, whether on State Farm's premises or elsewhere. I also agree not to sue or to commence any legal action, complaint or charge against any of the Released Parties regarding any matter covered by this *Agreement and Release of Liability*.

I recognize and understand that the Activities may include inherently hazardous activities, which may cause serious injury. I hereby expressly and specifically assume the risk of injury or harm in regard to these potentially hazardous activities.

By signing below, I acknowledge that I have carefully read this *Agreement and Release of Liability* and agree with its terms and their binding effect on me, my heirs, personal representatives and assigns.

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

Retirees please mail to:  
3 State Farm Plaza  
Activities K-1  
Bloomington, IL 61791